

Hearing Health Sector Alliance – 2025 Election Priorities

About the Alliance:

The Hearing Health Sector Alliance (HHSAA) is a collaborative resource for governments and policymakers, offering unified expertise on hearing health matters across sectors. The HHSAA brings together key national voices in the hearing health ecosystem to improve equitable access to essential hearing health support for all Australians. ⁱ

The HHSAA urges all levels of government to commit to improving access to hearing health care for Australia's most vulnerable populations through four priority actions: prioritising Aboriginal and Torres Strait Islander hearing health, enhancing care for aged care residents, addressing regional workforce shortages, and supporting low-income and unemployed individuals.

PRIORITY 1: Prioritising Aboriginal and Torres Strait Islander Hearing Health

Hearing health remains a significant concern amongst Aboriginal and Torres Strait Islander children in Australia, with rates of middle ear infections and hearing loss far exceeding those of non-Indigenous children. Closing the gap in ear and hearing health for Aboriginal and Torres Strait Islander peoples requires culturally sensitive approaches that prioritise early intervention, community engagement, and equitable access to healthcare services. The government has a unique, once-in-a-generation opportunity to enact meaningful improvements with targeted actions:

- **Review and Optimise Outreach Programs:** Reassess Hearing Australia's outreach targets for Aboriginal and Torres Strait Islander children and hold contracted service providers to account regarding resource allocation relative to achievement of agreed targets. For example, in 2023–2024 ⁱⁱ the outreach target was missed by nearly 30%, potentially leaving 1,000 Aboriginal and Torres Strait Islander children without a diagnosis of hearing loss nor appropriate ear and hearing health treatment, while resources such as mobile clinics were used in urban, well-serviced areas for much of the year. ⁱⁱⁱ
- **Expand Community Service Obligations:** Refine funding mechanisms within the Community Service Obligations (CSO) program to make it focussed on and responsive to local community needs, not a set service model (e.g., fly in/fly out or mobile clinics) or restricted to a specific provider. This includes making service provision contestable, enabling a broader array of qualified providers to deliver services to First Nations communities.
- **Culturally Responsive Services:** Mandate ear and hearing health professionals to move away from a standard approach of service delivery and embed cultural safety at an individual and system level to enable culturally responsive services that are accountable to and aligned with Aboriginal and Torres Strait Islander peoples and communities.

PRIORITY 2: Implement Hearing Loss Screening in Aged Care Facilities

Whilst one in six Australians experience hearing loss, ^{iv} this number rises significantly amongst residents in aged care—where hearing loss is estimated to affect more than five in six older persons. Despite this, there is no standardised approach to managing hearing loss in aged care, leaving many residents unsupported and creating communication challenges between residents and staff. This service gap can lead to misdiagnoses of cognitive decline, increased risks of isolation and mental illness. We believe there are two key initiatives that the government could implement which would make a huge difference to older Australians in aged care settings.

Recommendations

- **Standardised Hearing Screenings:** Mandate a uniform protocol to conduct a hearing screening for all new residents of aged care facilities within one month of residency in the facility and include this as a quality metric in aged care reporting.
- **Adjust the Hearing Services Program:** Create a new schedule item in the Hearing Services Program Schedule ^v for aged care facility hearing screenings at the same price as a hearing assessment (\$157.40) reflecting the true cost for hearing health care professionals to conduct remote visits and diagnostic services.

PRIORITY 3: Address Regional and Remote Workforce Shortages

People experience hearing loss at higher rates in rural and remote areas^{vi}; yet hearing health professionals are concentrated in urban centres. This imbalance exacerbates barriers to care in underserved regions and thin markets.

Recommendations

- **HECS Debt Reduction:** Reduce HECS debts for domestically trained hearing health professionals by 10% for each year they live and work in designated regional or remote areas. With only around 250 new domestic graduates each year, this measure would attract more professionals to areas where they are most needed.
- **Enhanced Visa Support:** Improve the Skilled Employer Sponsored Regional (provisional) visa for hearing health professionals, including lowering application fees, adjusting residency requirements, and increasing the age limit to attract skilled international professionals to regional areas.

PRIORITY 4: Expand the Hearing Services Program for Low-Income and Unemployed Adults

Many Australians with hearing loss, especially those on low incomes or who are unemployed, are left unsupported due to restrictive eligibility requirements. With approximately 15,000 individuals excluded from the National Disability Insurance Scheme (NDIS) due to strict hearing loss eligibility thresholds, this group faces significant barriers to wellbeing, social inclusion, and employment.

Recommendation:

- **Extend the Hearing Services Program to support low-income and unemployed individuals** with hearing loss greater than 26 dB in the better ear. This initiative would increase employment opportunities, estimated to yield \$311 million in productivity gains, while improving the budget position by \$33,135 for each individual who gains employment, ultimately generating a net fiscal benefit of over \$268 million.^{vii}

These priorities emphasise a person-centred and economically viable approach, where collaboration across sectors is key to addressing the complex needs of Australians affected by hearing loss.

ⁱ HNSA members include Ear Science Institute Australia, Soundfair, Audiology Australia, the Australian College of Audiology, incorporating the Hearing Aid Audiological Society of Australia, the Hearing Care Industry Association, the Hearing Business Alliance, National Acoustic Laboratories, First Voice, the Hearing Aid Manufacturers and Distributors of Australia, University of Melbourne, University of Queensland, Macquarie University, The Australian Society of Otolaryngology, Head and Neck Surgery, Speech Pathology Australia and Indigenous Allied Health Australia.

ⁱⁱ <https://www.hearing.com.au/getmedia/c8a0b888-c551-4417-8f0c-451c3b786c22/HA-Annual-Report-2023-24.pdf>

ⁱⁱⁱ Ibid. Hearing Australia 2023-2024 Annual Report page 6:

“Around 26 per cent of these children were found to have an undiagnosed hearing loss, and without this service may have continued to struggle to hear, learn and engage with their families and communities, missing important cultural milestones and development opportunities.”

Page 37: Metric: “Number of First Nations children aged 0-6 years seen”, Target “14,000”, Results achieved “10,742”

^{iv} Indeed, the Deafness Forum of Australia’s newsletter is called *“One in Six”* reflecting this sad fact.

^v <https://www.health.gov.au/news/hearing-services-program-provider-notice-schedule-of-service-items-and-fees-2024-25>

^{vi} Brennan-Jones, C. G., Taljaard, D. S., Brennan-Jones, S. E., Bennett, R. J., Swanepoel, deW., & Eikelboom, R. H. (2016). Self-reported hearing loss and manual audiometry: A rural versus urban comparison. *The Australian journal of rural health*, 24(2), 130–135.

<https://doi.org/10.1111/ajr.12227>

^{vii} https://hcia.com.au/wp-content/uploads/2024/01/Hearing_for_Life.pdf